GTUCCU

CASH DEPOSIT SLIP

DATE:

D	D	M	M	Y	Y	Y	Y

Name:

Account Number: **Customer No:**   **Address:**

Amount: GMD   **ID/PC/VC No:**

In Words:

Institution/school

Telephone Number: **Member Signature**

Deposit to: Saving............ Regular Loan.............. Consumer.............. Pension...............

Teller/Cashier: **Depositors Name:**

Notes(D)	Qty	Amount
200		
100		
50		
20		
10		
5		
Total		